

FAX COVER SHEET

Law Offices of
James D. Ivey
3025 Totterdell Street
Oakland, California 94611-1742
(510) 336-1100
facsimile: (510) 336-1122

DATE: August 11, 2003

FAX NUMBER: (703) 872-9319

TO: Examiner Boris Leo Chervinsky

Serial Number: 09/775,881

FIRM: U.S.P.T.O., GAU 2835

My reference: P-2196.01



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TOTAL NUMBER OF PAGES (Including this cover page): 17SENDER IS: James D. Ivey

DOCUMENTS ATTACHED ARE DESCRIBED AS FOLLOWS:

1. Form PTOSB21 Transmittal (1 page);
2. Appeal Brief with certificate of mailing by facsimile (9 pages);
3. Appeal Brief Appendix with certificate of mailing by facsimile (4 pages);
4. Form PTOSB17 Fee Transmittal (1 page);
5. Form PTO2038 Credit Card Payment (1 page).

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Please deliver to Examiner Boris Leo Chervinsky whose telephone number is (703) 308-5429 as soon as possible. Thank you.

OUR FAX NUMBER IS: 510-336-1122

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

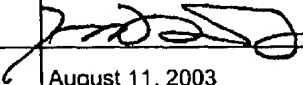
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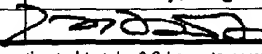
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/775,881
	Filing Date	February 2, 2001
	First Named Inventor	Sunny Behl
	Group Art Unit	2835
	Examiner Name	Boris Chervinsky
Total Number of Pages in This Submission	Attorney Docket Number	P-2196.01

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (w/ Recordation (for an Application) Coversheet)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached (PTO2038)	<input type="checkbox"/> Drawing(s) (____ sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Appeal Brief and Appendix.	

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James D. Ivey, Reg. No. 37,016 (Customer No. 24214)
Signature	
Date	August 11, 2003

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being transmitted by _____ to: Commissioner for Patents, Washington, DC 20231 on this date: <u>August 11, 2003</u> transmitted by _____		
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PTO/SB/17 (11-01)

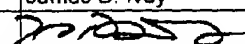
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FEE TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small>		Complete if Known		FAX RECEIVED AUG 11 2003 TECHNOLOGY CENTER 2800
		Application Number	09/775,881	
		Filing Date	February 2, 2001	
		First Named Inventor	Behl	
		Examiner Name	Chervinsky, Boris	
		Group Art Unit	2835	
		Attorney Docket No.	P-2196.01	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				
TOTAL AMOUNT OF PAYMENT (\$) 160				

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: _____ Deposit Account Name: _____ The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.		FEE CALCULATION (continued) 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td>160</td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - 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SUBMITTED BY Name (Print/Type) James D. Ivey		Registration No. 37,016 (Attorney/Agent)		Telephone (510) 336-1100	
Signature 		Date August 11, 2003		Complete (if applicable)	

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TECHNOLOGY CENTER 2800

Credit Card Information

Credit Card Type: ☐ Visa ☒ MasterCard ☐ American Express ☐ Discover

Credit Card Account #: 4417 1230 1262 4416

Credit Card Expiration Date: 07/2004

Name as it Appears on Credit Card: James D. Ivey

Payment Amount: \$(US Dollars): 160.00

Signature: 

Date: August 11, 2003

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).

Credit Card Billing Address

Street Address 1: 3025 Totterdell Street

Street Address 2:

City: Oakland

State: California

Zip/Postal Code : 94611-1742

Country: United States of America

Daytime Phone #: (510) 336-1100

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